


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000005227	
1. Entity Name INTERAGENCY COUNCIL, INC.	

Principal Place of Business C/O LINDA WELSH 1400 UNITED ST., #104 KEY WEST, FL 33040 US	Mailing Address P.O. BOX 2224 KEY WEST, FL 33045
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01252006 No Chg NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0621071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WELSH, LINDA D 1400 UNITED STREET #104 KEY WEST, FL 33040

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNARD, LAURA 1815 TRUESDELL COURT, APT. #1 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUTTON, NANCY 1110 FLEMING ST., #4 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, PHILIP 2706 FLAGLER, #10 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELSH, LINDA 1400 UNITED ST., #104 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/27/06-80034-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda D. Welsh* *Linda D. Welsh* *1-25-06* *305-293-1800x381*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #